CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

April 2, 1999

H.R. 441
Nursing Relief for Disadvantaged Areas Act of 1999

As ordered reported by the House Committee on the Judiciary on March 24, 1999

CBO estimates that enacting H.R. 441 would have a negligible net impact on the federal budget. Because the bill would affect direct spending and receipts, pay-as-you-go procedures would apply. However, we estimate that the amounts involved would be much less than $500,000 a year. This legislation contains no intergovernmental mandates as defined in the Unfunded Mandates Reform Act (UMRA). Any costs incurred by state, local, or tribal governments would be a result of voluntary participation in the program established by this bill. H.R. 441 would impose a new private-sector mandate on employers of nonimmigrant nurses who come to the United States under the bill. CBO estimates that the costs of complying with this mandate would fall well below the statutory threshold established in UMRA ($100 million in 1996, adjusted annually for inflation).

H.R. 441 would establish a new nonimmigrant category for nurses who would work in areas of the United States with shortages of health professionals. The bill would authorize the issuance of 500 nonimmigrant visas annually over the next four years for individuals in this category, and recipients could stay in the United States for three years. The fee charged for these visas would be $110, so enacting the bill could increase the amount of fees collected by the Immigration and Naturalization Service (INS) by about $55,000 annually if all 500 visas were granted. The INS would spend the fees (without appropriation action), mostly in the year in which they were collected, so enacting H.R. 441 would result in a negligible net impact on INS spending.

The bill would require the Department of Labor (DOL) to charge fees of up to $250 to facilities that file applications to hire immigrant nurses. This provision would result in the collection of fees totaling between $15,000 and $50,000 annually, assuming all visas are granted and petitioning facilities apply to hire more than one worker. The spending of fees collected by DOL would be subject to appropriation action.

In addition, the bill would increase civil monetary penalties for violations of certain laws relating to the hiring of nonimmigrant nurses. This action could result in the collection of additional receipts, but we estimate that any such amounts would be less than $500,000 per year.

By creating a new nonimmigrant visa program for qualified nurses, the bill would allow certain health facilities, some of them operated by state and local public agencies, to increase the number of nurses they employ. In order to participate, these facilities would have to satisfy criteria established in the bill and pay the fee to DOL as described above. However, their participation in the program would be voluntary.

H.R. 441 would impose a new private-sector mandate on employers of nonimmigrant nurses who come to the United States under the program established by the bill. Although employers who use nonimmigrant nurses would do so voluntarily, such employers would have to comply with requirements of the applicable federal immigration programs. They would be required to provide certain information, wages, working conditions, and rights to unionization commensurate with those of similarly employed nurses who are citizens or immigrants. These enforceable duties meet the definition of a private-sector mandate in UMRA because immigration processes are governmentally mandated and are not considered voluntary federal programs. CBO estimates that the direct cost of new mandates in H.R. 441 would be very small because the number of nonimmigrant nurses allowed to enter the United States under this legislation would be limited to 500 or fewer each year.

The CBO staff contacts are Mark Grabowicz (for INS costs), Christi H. Sadoti (for DOL costs), Lisa Cash Driskill (for the state and local impact), and John Harris (for the private-sector impact). This estimate was approved by Robert A. Sunshine, Deputy Assistant Director for Budget Analysis.